

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000051387

FILED  
May 01, 2011  
Secretary of State

Entity Name: T.H.O.F. INC.

**Current Principal Place of Business:**

110 EAST BYRD AVENUE  
BONIFAY, FL 32425

**New Principal Place of Business:**

4012 W. 23RD. AVE.  
PANAMA CITY, FL 32405

**Current Mailing Address:**

110 EAST BYRD AVENUE  
BONIFAY, FL 32425

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ISMAIL, AHMAD T  
110 E. BYRD AVE.  
BONIFAY, FL 32425 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ISMAIL, FATIMA S  
Address: 110 EAST BYRD AVENUE  
City-St-Zip: BONIFAY, FL 32425

Title: VD  
Name: ISMAIL, HUMZA  
Address: 110 EAST BYRD AVENUE  
City-St-Zip: BONIFAY, FL 32425

Title: SD  
Name: ISMAIL, OSAMA  
Address: 110 EAST BYRD AVENUE  
City-St-Zip: BONIFAY, FL 32425

Title: TD  
Name: ISMAIL, AHMAD T  
Address: 110 EAST BYRD AVENUE  
City-St-Zip: BONIFAY, FL 32425

Title: D  
Name: ISMAIL, AHMAD T  
Address: 110 E. BYRD AVE.  
City-St-Zip: BONIFAY, FL 32425

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: AHMAD ISMAIL

P

05/01/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date